

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**44913**

State File No. \_\_\_\_\_

Registrar's No. **12120**

**1003**

**318**

REG. DIST. NO. \_\_\_\_\_ PRIMARY REG. DIST. NO. \_\_\_\_\_

**FILED JAN 26 1953**

BIRTH NO. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <b>408 S. Montrose</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>408 S. Montrose - residence</b>		18	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>Josephine</b> b. (Middle) _____ c. (Last) <b>Johnson</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Dec. 28, 1952</b>		
<b>5. SEX</b> <b>female</b>		<b>6. COLOR OR RACE</b> <b>negro</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>separated</b>	
<b>8. DATE OF BIRTH</b> <b>Jan. 2, 1928</b>		<b>9. AGE</b> (In years last birthday) <b>24</b>		<b>10. BIRTHPLACE</b> (City and State or Foreign Country) <b>Elan, Arkansas</b>	
<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Elan, Arkansas</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>13. FATHER'S NAME</b> <b>George Moton</b>	
<b>14. MOTHER'S MAIDEN NAME</b> <b>Callie Bell Baseley</b>		<b>15. NAME OF HUSBAND OR WIFE</b> <b>Sylvester Johnson</b>		<b>16. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Cook</b>	
<b>17. KIND OF BUSINESS OR INDUSTRY</b> <b>Sifeston, Mo.</b>		<b>18. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>		<b>19. SOCIAL SECURITY NO.</b> <b>none</b>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>no</b>		<b>16. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>George Moton</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>19. SOCIAL SECURITY NO.</b> <b>none</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>George Moton</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				_____	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. _____		<b>III. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.				_____	
DUE TO (b) <b>Carcinoma of Breast</b>		DUE TO (c) _____				_____	

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> _____	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>170X</b>	

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **4:12 P. m.**, from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Patrick E. Taylor Currier</i>		<b>23b. ADDRESS</b> <b>1300 Clark Ave.</b>		<b>23c. DATE SIGNED</b> <b>1-2-53</b>	
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>REMOVAL</b>		<b>24b. DATE</b> <b>1-2-53</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakdale Cemetery</b>	
<b>24d. LOCATION</b> (City, town, or county) (State) <b>Lemay, Mo.</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>E.B. Koonce</i>		<b>ADDRESS</b> <b>1221 N. Grand Blvd.</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>1-2-53</b>		<b>REGISTRAR'S SIGNATURE</b> <i>J. Carl Smith</i>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>E.B. Koonce</i>	
				<b>ADDRESS</b> <b>1221 N. Grand Blvd.</b>	

M.B.C. (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4377

P. O. Address St. Louis, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.